

CHAPTER 11

SECTION 9.1

SPECIAL AUTHORIZATION REQUIREMENTS

Issue Date: August 4, 1988

Authority: [32 CFR 199.4\(a\)\(11\)](#) and [32 CFR 199.5\(a\)\(4\)](#)

I. POLICY

Unless otherwise specifically excepted, the adjudication of the following types of care is subject to the following authorization requirements:

- A. Adjunctive dental care must be preauthorized.
- B. Program for Persons with Disabilities (formerly known as Program for the Handicapped) benefit must be authorized by the appropriate contractor.
- C. Effective October 1, 1991, preadmission and continued stay authorization is required before nonemergency inpatient mental health services may be cost-shared (includes Residential Treatment Center care and alcoholism detoxification and rehabilitation). Effective September 29, 1993, preadmission and continued stay authorization is also required for all care in a partial hospitalization program.
- D. Effective November 18, 1991, psychoanalysis must be preauthorized.
- E. The Director, TMA, or designee, may require preauthorization of admission to inpatient facilities.
- F. For Prime enrollees, the contractor shall preauthorize all outpatient psychotherapy beyond the eighth visit in an enrollment period. For nonenrollees, all outpatient psychotherapy beyond the eighth visit in a fiscal year shall be preauthorized.
- G. Each TRICARE Regional Managed Care Support contractor may require additional care authorizations not identified in this section. Such authorization requirements may differ between regions. Beneficiaries and providers are responsible for contacting their contractor's Health Care Finder for a listing of additional regional authorization requirements.
- H. Provider payments are reduced for the failure to comply with the preauthorization requirements for certain types of care. See [Chapter 13, Section 24.1](#).

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